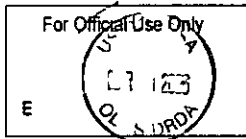


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No 1215-0188  
Expires 11 30 2006

This report is mandatory under P L 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>5491</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / 2005 Through <u>12</u> / <u>31</u> / 2005
3 Name and address of person filing Name <u>STEVEN</u> H <u>FULLER</u> P O Box Bldg Room No if any _____ Street <u>6239 STRATFORD GLEN CT</u> City <u>ST LOUIS</u> State <u>Missouri</u> ZIP Code + 4 <u>63129-6309</u>	4 Name file number and address of labor organization Name <u>UNITED BROTHERHOOD OF CARPENTER &amp; JOINERS 1310</u> Labor Organization File Number <u>026095</u> P O Box Building and Room Number if any _____ Street <u>1401 HAMPTON AVE</u> City <u>ST LOUIS</u> State <u>Missouri</u> ZIP Code + 4 <u>63139 3159</u>
5 Position in labor organization <u>TRUSTEE</u>	

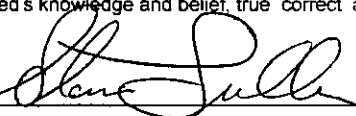
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any) Name _____ Trade Name, if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest, Transaction, or Income _____ _____ _____ 7 b Amount _____ _____ _____

### Signature

**15 Signature and verification** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

3-15-06  
Date

314 4578301  
Telephone Number

Name of Person Filing <b>STEVEN FULLER</b>	File Number <b>U</b>
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**B** Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p><b>8</b> Name and address of Business (including trade name if any)</p> <p>Name <u>CARPENTERS JOINT TRAINING FUND OF ST LOUIS</u></p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street <u>1401 HAMPTON AVE</u></p> <p>City <u>ST LOUIS</u></p> <p>State <u>Missouri</u> ZIP Code + 4 <u>63139-3159</u></p>	<p><b>9</b> Business deals with</p> <p><input checked="" type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p><b>10</b> If 9 b or 9 c is checked give trust or employer's name</p> <p>Name _____</p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p><b>11 a</b> Nature of such dealing</p> <p><u>THE CARPENTERS JOINT TRAINING FUND OF ST LOUIS IS A TRUST IN WHICH THE LABOR ORGANIZATION IS INTERESTED</u></p> <p><b>11 b</b> Approximate dollar value of such dealing _____</p> <p><b>12 a</b> Nature of interest held or income received</p> <p><u>IN ADDITION TO BEING A TRUSTEE OF CARPENTERS LOCAL 1310 I AM AN INSPECTOR FOR THE CARPENTERS JOINT TRAINING FUND OF ST LOUIS (CJTF) IN 2005 I RECEIVED \$66,110 IN SALARY AND \$1,483 OF EXPENSE REIMBURSEMENTS FROM MY EMPLOYER THE CJTF</u></p> <p><b>12 b</b> Amount <span style="float: right;"><u>\$67,593</u></span></p>

<p><b>C</b> Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p><b>13 a</b> Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name _____</p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p><b>14 a</b> Nature of payment</p> <p>_____</p>
<p><b>13 b</b> Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p><b>14 b</b> Amount of payment _____</p>